

**California Chafee Grant Program  
Change Form**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**FOR CHANGES ONLY-PLEASE UPDATE THE FOLLOWING**

- ☐ Yes, I have a name, address or telephone number update.  
(Please print or type below)

\_\_\_\_\_

\_\_\_\_\_

- ☐ Yes, I have a school change from last year.  
(Please print or type below)

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Address City State Zip

Please Return this form by mail or fax to:  
CALIFORNIA STUDENT AID COMMISSION  
SPECIALIZED PROGRAMS-CHAFEE  
P O BOX 419029, RANCHO CORDOVA, CA 95741-9029  
TELEPHONE: (888) 224-7268 #3  
FAX (916) 526-7977